



COMBINED DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND DEVICES FOR ALTERING BLOOD FLOW THROUGH THE LEFT VENTRICLE

the specification of which:

☐ is attached hereto.

☒ was filed on July 16, 2003.

☒ under Application No. 10/622,129.

☐ with Express Mail No. (Application Number not yet known).

☐ was described and claimed in PCT International Application No.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby appoint all registered practitioners associated with **Customer Number 32746** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to:

Customer Number 32746

Direct all telephone calls to Jens E. Hoekendijk, Reg. No. 37,149, at telephone number 415-412-3322.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of inventor: Dr. Samuel Lichtenstein

Inventor's signature

Date:

Sept 9/03

Residence: Vancouver, British Columbia

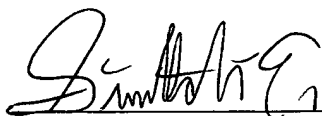
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- \$84 for 2 independent claims over 3 .
- \$140 for multiple dependent claim surcharge.

Replies should be mailed to: Mail Stop Missing Parts
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A copy of this notice MUST be returned with the reply.



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